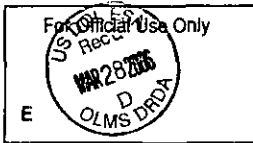


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11789</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Daglas R Schuetz</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>9665 Rockside Rd Suite B</u> City <u>Valley View</u> State <u>OHIO</u> ZIP Code + 4 <u>44125</u>	4. Name, file number, and address of labor organization. Name <u>BCTGM L.U. #19</u> Labor Organization File Number <u>082-303</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>9665 Rockside Rd Suite B</u> City <u>Valley View</u> State <u>OHIO</u> ZIP Code + 4 <u>44125</u>
5. Position in labor organization. <u>Corresponding Sec / Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Daglas R Schuetz</u>	On <u>3/13/06</u> Date	<u>216-771-5386</u> Telephone Number

11789

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name C.B.T Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9165 Lakeside Rd

City Valley View

State OHIO ZIP Code + 4 44125

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B.T Pension Fund

Trade Name, if any:P.O. Box, Bldg., Room No., if any

Street 9665 Rockside Rd

City Valley View

State OHIO ZIP Code + 4 44125

11.a. Nature of such dealing.

Pension Fund Trustee

11.b. Approximate dollar value of such dealing.

12-101

12.a. Nature of interest held or income received.

Net Per Diem Expenses,
while attending NATIONAL
LABOR management Conference

12.b. Amount.

899.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if anyStreet _____City _____

State		ZIP Code + 4	
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14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Doug Schuetz</u>	File Number U- <u>11789</u>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MEDICAL Mutual OF OHIO</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2060 E 9th ST</u></p> <p>City <u>Cleveland</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44115</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>C.B. & T H & W FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>9665 Rockside Rd</u></p> <p>City <u>Valley View</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44125</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Third Party Administrator AND INSURANCE CO FOR Employee Benefit Claims</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>ATTENDANCE AT Sporting Event FOR Discussion with Service Provider</u></p> <p>12.b. Amount. <u>584.24</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

Name of Person Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.

14.b. Amount of payment.

Name of Person Filing <i>David Schwartz</i>	File Number U- <i>11789</i>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business; of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Medical Mutual of Ohio</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2660 E 9th St</u></p> <p>City <u>Cleveland</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44115</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>C.B. & T. Howe Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>9665 Rockside Rd</u></p> <p>City <u>Valley View</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44125</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Third Party Administrator AND Insurance Co. FOR Employee Benefit Claims</u></p>
	<p>11.b. Approximate dollar value of such dealing. _____</p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Attendance AT Sporting Event for discussion with Service Provider</u></p>
	<p>12.b. Amount. <u>\$205.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; display: flex; align-items: center; justify-content: center; font-size: 2em; font-family: cursive;">None</div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 100px;"></div>

Name of Person Filing <u>Doug Schuetz</u>	File Number U- <u>11789</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Medical Mutual of Ohio
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 2060 E 9th St
City Cleveland
State OHIO ZIP Code + 4 44115

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B. & T Hill Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 9665 Rockside Rd
City Valley View
State OHIO ZIP Code + 4 44125

11.a. Nature of such dealing.

Third Party Administrator
AND Insurance Co FOR
Employee Benefit Claims

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attendance AT Sporting
Event FOR Discussion
with Service Provider

12.b. Amount. 315.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Doug Schuetz</u>	File Number U- <u>11789</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MEDICAL MUTUAL of OHIO</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2060 E 9th ST</u></p> <p>City <u>Cleveland</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44115</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>C.B. + T. H.W. FUND</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>9665 Rockside Rd</u></p> <p>City <u>Valley View</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44125</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>THIRD PARTY ADMINISTRATOR AND INSURANCE CO. FOR Employee Benefit Claims</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Attendance AT Sporting Event For Discussion with Service Provider</u></p> <p>12.b. Amount. <u>151.68</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u>None</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>